

10. Documenting Services

An adult care home that has enrolled with the Division of Medical Assistance (DMA) to provide Adult Care Home Personal Care (ACH/PC) and Non-Emergency Medically Necessary Transportation (NEMNT) for residents in return for Medicaid reimbursement must meet all the record keeping requirements and responsibilities outlined in the Medicaid provider agreement. In addition, providers must follow the procedures outlined in this section for documenting the need for these services and service delivery. Maintaining records in accordance with these requirements is mandatory. Failure to comply with these requirements may result in recoupment of payments.

10.1 Time Limit on Keeping Service Records for Documentation

Original records relating to the need for and delivery of a Medicaid-reimbursed service must be maintained by the service provider for a period of five (5) years from the date of the service.

10.2 Which Service Records to Keep

Keep the records listed below for every resident for whom you request Medicaid reimbursement for ACH/PC and/or NET. Maintaining this documentation helps to assure that the services are appropriate and provided in compliance with Medicaid policies and state and federal laws and regulations.

10.2.1 The FL2

Keep the completed, signed, and dated original FL2, as well as each annual or updated FL2 thereafter.

10.2.2 ACH/PC Authorization and Care Plan Forms

Keep the completed, signed, and dated original ACH/PC authorization and care plan form (the DMA-3050 or your equivalent form from the initial assessment) and each subsequent authorization and care plan form (from reassessment and annual assessments).

10.2.3 Referral to Physician or Other Licensed Health Professionals

Keep a signed and dated original record of each contact with the resident's attending physician or other licensed health professionals regarding the resident's personal care needs and/or changes in the resident's condition. Include in the record the date of the referral, the reason for the referral, who made the referral, and who was contacted.

10.2.4 On-site Reviews and Evaluations

Keep a record of each on-site review and evaluation of a resident's health status and ACH/PC care plan. Include in the record the date, the findings of the review and evaluation, and the names of all those who participated (e.g., administrator, supervisor, and/or licensed health professional).

10.2.5 Therapeutic Leave Records

Keep a record or log of each therapeutic leave absence. Include the date, time, and name of the person (resident or family member, friend, or responsible party) who signed the resident out and signed the resident back in.

10.2.6 ACH/CMS Case Manager's Decision Notices and Records of Contacts

Keep a signed and dated record of each referral of a potential "heavy care" resident to the ACH/CMS case manager, records of all subsequent contacts with the case manager regarding the resident's personal care needs and/or change in the resident's condition, and a copy of each Decision Notice resulting from an evaluation of the resident's eligibility for coverage. Include in your records the date of the referral/contact, the reason for the referral/contact, who made the referral/contact, the name of the case manager, the result of the referral/contact, and copies of all correspondence to or from the case manager.

10.2.7 Non-Emergency Medically Necessary Transportation Travel Logs

Keep a record of each time you transport the resident to receive health care services on a NEMNT Travel Log. Include the trip purpose code, odometer readings, and other required information according to the instructions for completing the NEMNT travel log in Appendix F.

10.2.8 ACH/PC Logs

Keep a log of the ACH/PC tasks performed for the Medicaid resident each day. At a minimum, these ACH/PC logs must include the following information:

- the resident's name;
- the date of service;
- the personal care task(s) performed for the resident; and
- the name(s) of the personal care aide(s) who performed the service.

The following are general requirements for keeping ACH/PC logs:

- Maintain ACH/PC logs in monthly, weekly, or daily formats. Dates of service and personal care tasks needed by the resident may be preprinted on the ACH/PC log.
- At the end of the work shift or day, the personal care aide verifies or enters the date of service on the ACH/PC log, and checks off and/or initials the personal care task(s) he/she performed.
- If different aides provide personal care assistance for the resident, each aide must identify the services he/she provided by initialing those tasks in the ACH/PC log.
- If the resident needs assistance with a personal care task more than once during the day or shift (such as with ambulation or toileting), it is not necessary to record in the ACH/PC log every time that assistance is provided during the same day/shift. The ACH/PC log is for documenting that the resident received assistance with the task on that date of service, rather than documenting each time the resident needed help.

Note: The preceding statements refer only to Medicaid's requirements for documentation in ACH/PC logs. This does not exempt or release adult care homes from other requirements for documenting the administration of medications, use of restraints, or

any other tasks under the rules by which the adult care home is licensed or other applicable laws or regulations.

- At the end of the day, week, or month (depending upon the format of the service record), the administrator or designated supervisor signs and dates the service record to certify that the aide(s) performed the personal care tasks, and that the tasks were performed satisfactorily.
- ACH/PC logs are expected to agree with the resident's care plan. However, at times the tasks performed or scheduled days for the tasks may differ from the care plan due to a temporary change in the patient's condition or needs. When this happens, the aide or supervisor records what was done differently and the reason in the "Comments/Observations" section of the ACH/PC log.

You may already keep sufficient records to meet, or almost meet, the minimum content and general requirements for ACH/PC logs above. Review the home's current records (such as bath records, restraint records, medication administration records, incontinence records, and others) to see if they would meet these requirements. Be sure you have a record or log of some kind for each personal care task you listed in the resident's care plan.

If you have not previously been keeping a service record or log that would meet the documentation requirements above, you may use a service record like the sample ACH/PC service logs in Appendix J. You may also design your own ACH/PC log or revise an existing form to meet the documentation requirements above. Descriptions of the use of the sample ACH/PC logs follow below.

- **ACH/PC Log A**

ACH/PC Log A was designed for use by a smaller facility, such as a family care home or DDA group home, with a small staff. If you wish, you may photocopy ACH/PC Log A. Copies of ACH/PC Log A may be used to record the personal care assistance provided for one resident for one month and meet Medicaid's requirements above. The personal care tasks most commonly needed by residents are listed in ACH/PC Log A and those which are not needed by the resident can be removed or marked out. Extra spaces are included for you to list any other personal care tasks needed by the resident. The aide(s) check off or initial the tasks performed each day. Remember, the personal care tasks performed and checked off should be the same tasks listed in the resident's care plan, unless there is a temporary change in needs. Also, Medicaid does not require providers to record the amount of time (minutes or hours) spent performing personal care tasks for residents; however, the bottom half of ACH/PC Log A can be used to record, for cost reporting purposes, aides' total daily and monthly hours of personal care assistance provided for the resident. Questions about cost reporting requirements and recording time should be directed to the Division of Social Services' Adult Care Home Rate Setting Unit. The telephone number and address for the DSS ACH Rate Setting Unit is in Appendix B.

- **ACH/PC Log B**

ACH/PC Log B was designed for use by larger facilities, where aides provide care for residents during shifts. If you wish, you may photocopy ACH/PC Log B. Copies of ACH/PC Log B may be used to record the personal care assistance provided for one resident during three shifts in one day and meet Medicaid's requirements above.

The personal care tasks most commonly needed by residents are listed in ACH/PC Log B and those which are not needed by the resident can be removed or marked out. Extra spaces are included for you to list any other personal care tasks needed by the resident. The aide(s) check off or initial the tasks performed during the shift. The tasks performed and checked off should be the same personal care tasks listed in the care plan, unless there is a temporary change in needs. "Start time" and "end time" refer to the beginning and end of the shift, and not how long it takes to complete tasks. Although adult care homes are required by law to track time spent, and report the cost of providing care for residents, Medicaid does not require providers to include this information in their service documentation and ACH/PC Log B was not designed to capture it. Adult Care Homes that use ACH/PC Log B for service documentation must determine another means of capturing cost reporting information. Questions about cost reporting requirements and recording time should be directed to the Division of Social Services' Adult Care Home Rate Setting Unit. The telephone number and address for the DSS ACH Rate Setting Unit is in Appendix B.

10.3 How to Keep Service Records

In addition to supporting your billings, service records are also used to evaluate costs for rate setting purposes, and are subject to post-payment review by DMA or its agents to confirm program compliance. Records must be kept where they are readily accessible. Records should not be mailed to DMA or EDS unless specifically requested. For further information about Medicaid post-payment reviews, see Section 14.